PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

	DC10011C
Attorney Docket No.	PC10041C
First Inventor	Kimberly O. Cameron, et a
Title	TETRAHYDROISOQUINOLINE COMPOUNDS AS ESTROGEN AGONISTS/ANTAGONISTS
Everes Mail Label No	FR190756646US

APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patient application contents.  ADDRESS TO: Mail Stop Petarts Application semislators for Patients P.O. Box 1400    Peta Transmittal Form (e.g., PTO/SB/17)    C. (Submit an original and adjusted for fee processing)   Applicant claims small entity status.  See 37 CFR 1.27.    Deficition of the Invention   - Proception of the Drawings (if Idea)   - Proception of Inventors (in Idea)   - Proception of Inventors (in Idea)   - Proception of Idea   - Proception of Inventors (in Idea)   - Proception of Idea   - Proception of Idea   - Proception of Inventors (in Idea)   - Proception of Idea   - Pr				ZND: 000 IV	an Laber IV	0.				
Computer Program (Appendix)	See MPEP			ADDRES	SS TO:	Commissi P.O. Box	loner for Pa 1450	tents	n	- :: -
- Abstract of the Disclosure  4. Drawing(s) (35 U.S.C. 113) [Total Sheets]  5. Oath or Declaration	2. Submi Applic See 3 3. Specif (preferi - Desc - Cross - State - Referi or a c - Back - Brief - Brief - Detai	t an original and a duplice ant claims small entity 7 CFR 1.27. ication [7 ic	ate for fee processing)  r status.  Fotal Pages 123 ]  below)  n  pplications  nsored R & D  a table,  appendix	8. Nucle (if app a. [ b.	Computer Protition and Computer Specific Computer Compute	rogram (Appe or Amino Acid necessary) uter Readable ication Seque CD-ROM or C Paper nents verifying	endix) Sequence Form (CF ence Listing D-R (2 cop	e Subr RF) g on: pies);	or ve copies	17513 U.S. PTO 10/820277
5. Oath or Declaration  a.					<u> </u>	MITING AI	FLICA	HOI	IFARIS	
19. CORRESPONDENCE ADDRESS  Customer Number: 28880 OR Correspondence address below  Name J. Michael Dixon  Warner-Lambert Company LLC 2800 Plymouth Road  City Ann Arbor State Michigan Zip Code 48105  Country USA Telephone 734-622-1705 Fax 734-622-1553  Name (Print/Type) J. Michael Dixon Registration No. (Attorney/Agent) 32,410	4. Drawin 5. Oath or Dec a. Ne b. Co (for i.   18. If a CONTI specification for Continual For CONTINUAL 5b, is considere	rig(s) (35 U.S.C. 113)  claration why executed (original py from a prior applicate continuation/divisional py from a prior applicate continuation/divisional py from a prior application of the disclosure of the prior of t	[Total Sheets] or copy)  ation (37 CFR 1.63(d)) al with Box 18 completed)  NTOR(S) ad deleting inventor(s) ation, see 37 CFR  see 37 CFR 1.76  N, check appropriate box, and some Application Data Sheet under Divisional Continuation  Examiner Margaret M  PPS only; The entire disclosure of the accompanying continuation.	10.	37 CFR 3. (when their English Transport of the Information Statement Preliminary Return Re (Should be Certified C (if foreign ) Nonpublica (b)(2)(B)(i) or its equivorties of their Ce Site information, from a lapplication, from a lapplication, from a site in their ce control of their Ce ce control of their Ce ce control of their Ce ce certain their centrol of th	73(b) Statemere is an assignanslation Doc an Disclosure (IDS)/PTO-14 y Amendment ceipt Postcarde specifically incorporate is copy of Priority is claim ation Request a Applicant mitralent.  Intion below an article of the priority is claim and is heart which an earth of the priority is claim.	ent [1996] ument (if a 1996] 449 t	PA A A A A A A A A A A A A A A A A A A	ower of ttorney able) opies of IDS itations  C. 122 PTO/SB/35	
Name   J. Michael Dixon   Warner-Lambert Company LLC   2800 Plymouth Road   State   Michigan   Zip Code   48105   Country   USA   Telephone   734-622-1705   Fax   734-622-1553   Name (Print/Type)   J. Michael, Dixon   Registration No. (Attorney/Agent)   32,410   Signature   Control of the c	· · · · · · · · · · · · · · · · · · ·						- Parit			
Address   Warner-Lambert Company LLC	Custon	ner Number:	28880		OR	☐ Corre	spondence	e addı	ress below	
2800 Plymouth Road   2800 Pl	Name								•	
City         Ann Arbor         State         Michigan         Zip Code         48105           Country         USA         Telephone         734-622-1705         Fax         734-622-1553           Name (Print/Type)         J. Michael, Dixon         Registration No. (Attorney/Agent)         32,410		Warner-Lambert								-
Country USA Telephone 734-622-1705 Fax 734-622-1553  Name (Print/Type) J. Michael, Dixon Registration No. (Attorney/Agent) 32,410  Signature				State Michigan Zip Code 48105			48105			
Name (Print/Type) J. Michael, Dixon Registration No. (Attorney/Agent) 32,410	Country					705	Fax	_		553
Signature ////////	Name (Print/Ty	pe) J. Michael.Di	XON	Registratio	n No. (Atto	mey/Agent)	32.410			7
	Signature	I I M	XVV	. <u>.                                   </u>				Apri	il 8, 2004	$\neg \neg$

This collection of information/s required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EXPRESS MAIL NO. ER190756646US

PTO/SB/17 (10-03)

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## **FEE TRANSMITTAL** for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	1	.760	.00

separate a selection of whether affices it displays a valid of the control fluitiber				
Complete if Known				
Application Number	TBD			
Filing Date	TBD			
First Named Inventor	Kimberly O. Cameron, et al			
Examiner Name	TBD			
Art Unit	TBD			
Attorney Docket No.	PC10041C			

METHOD OF PAYMENT (check all that apply)  FEE CALCULATION (continued)				
Check Credit card Money Other None 3. ADDITIONAL FEES				
Deposit Account:		Small Entity		
Deposit Account Warner-Lambert Company LLC	Fee Fee Code (\$)	Fee Fee Fee Description  Fee Paid		
Number	1051 130	2051 65 Surcharge - late filing fee or oath		
Deposit Account Name	1052 50	2052 25 Surcharge - late provisional filing fee or cover sheet		
The Director is authorized to: (check all that apply)	1053 130	1053 130 Non-English specification		
Charge fee(s) indicated below Credit any overpayments	1812 2,520	1812 2,520 For filing a request for ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)	1804 920	* 1804 920* Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,840			
FEE CALCULATION	1251 110	1 1		
	1252 420			
1. BASIC FILING FEE Large Entity Small Entity	1253 950	2253 475 Extension for reply within third month		
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254 1,480	2254 740 Extension for reply within fourth month		
1001 770 2001 385 Utility filing for	1255 2,010	2255 1,005 Extension for reply within fifth month		
1002 340 2002 170 Design filling fee 770.00	1401 330	2401 165 Notice of Appeal		
1003 530 2003 265 Plant filing fee	1402 330	2402 165 Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403 290	2403 145 Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451 1,510	1451 1,510 Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 770.00	1452 110	2452 55 Petition to revive - unavoidable		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330	2453 665 Petition to revive - unintentional		
Fee from	1501 1,330	2501 665 Utility issue fee (or reissue)		
Extra Claims below Fee Paid  Total Claims 75 -20** = 55 x 18.00 = 990.00	1502 480	2502 240 Design issue fee		
Independent 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1503 640	2503 320 Plant issue fee		
Claims	1460 130	1460 130 Petitions to the Commissioner		
	1807 50	1807 50 Processing fee under 37 CFR 1.17(q)		
Large Entity   Small Entity Fee Fee Fee Fee Fee Description	1806 180			
Code (\$)   Code (\$)   1202   18   2202   9   Claims in excess of 20	8021 40	8021 40 Recording each patent assignment per property (times number of properties)		
1201 86 2201 43 Independent claims in excess of 3	1809 770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))		
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770	2810 385 For each additional invention to be		
1204 86 2204 43 ** Reissue independent claims over original patent	1801 770	examined (37 CFR 1.129(b))		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900			
Other for (appoint)				
SUBTOTAL (2) (\$) 990.00  **or number previously paid, if greater; For Reissues, see above	-	y Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00		

SUBMITTED BY			(Complete (if applicable))		
Name (Print/Type)	J. Michael Dixon	Registration No. (Attorney/Agent) 32,410	Telephoi	ne 734-622-1705	
Signature	1 Mull		Date	April 8, 2004	
30 10					

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CERTIFICATE OF MAI Applicant(s): KIMBERLY O. C	Docket No. PC10041C		
Serial No. TBD	Filing Date	Examiner TBD	Group Art TBD
Invention: TETRAHYDROISOQUINOLI	NE COMPOUNDS AS ESTROGI	EN AGONISTS/ANTAGONISTS	
I hereby certify that this	Utility Patent Application and Preli		
Is being deposited with the Ur	nited States Postal Service "Evr	(Identify type of correspondence) press Mail Post Office to Address	oo" oonico undos
April 8 2004	ddressed to: Commissioner to	r Patents, P.O. Box 1450, Alexa	andria, VA 22313-1450
(Date)			
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